

## REGULAR EDUCATION TEACHER SURVEY

LEA \_\_\_\_\_ SCHOOL/SITE \_\_\_\_\_

Information gathered from this survey is confidential. Please answer all questions.

Yes or No questions should be marked on the right side of the page.

Please mark only one answer.

1. Tell us about the good things going on in your school's special education program.

---



---



---

2. Have you received and reviewed the policies and procedures on child find practices in your school/district?

 \_\_\_\_\_ YES  
 \_\_\_\_\_ NO  
 I.A.1.a

3. Do you believe your school's referral system works?

 \_\_\_\_\_ YES  
 \_\_\_\_\_ NO  
 I.B.2.c

Concerns:

---



---



---

4. Are you asked to document interventions you attempt before referring a student for a special education evaluation?

 \_\_\_\_\_ YES  
 \_\_\_\_\_ NO  
 II.B.13.b

---



---



---

5. Have you provided information to the MET team during the evaluation/reevaluation process – such as observations about student performance and progress in the general curriculum?

 \_\_\_\_\_ YES  
 \_\_\_\_\_ NO  
 II.B.5.c

---



---



---

6. Is your instruction for students with disabilities based on Arizona Academic Standards?

 \_\_\_\_\_ YES  
 \_\_\_\_\_ NO  
 III.B.4.d

7. Do the IEPs of students in your classroom identify the adaptations (modifications and accommodations) that you need to make during instruction in order to meet the students' needs?

 \_\_\_\_\_ YES  
 \_\_\_\_\_ NO  
 III.B.4.i

Comments:

---



---



---

8. If you have a student with a behavior problem, does the IEP team develop IEP goals for behavior or develop behavior plans?

 \_\_\_\_\_ YES  
 \_\_\_\_\_ NO  
 III.B.4.l

Comments:

---



---

9. Has the school provided you with the specialized materials and equipment identified in the IEP?

\_\_\_\_ YES  
 \_\_\_\_ NO  
 IV.B.6

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Does the IEP team consider your need for supports (consultation time, workshops, training and education, specialized equipment, etc.) to educate students with disabilities?

\_\_\_\_ YES  
 \_\_\_\_ NO  
 III.B.4.j

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Has the school provided you with requested/needed supports (consultations with special educator, workshops, specialized equipment) to educate students with disabilities in the regular classroom?

\_\_\_\_ YES  
 \_\_\_\_ NO  
 IV.B.7

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. If you have a hearing impaired child in your classroom, are hearing aids checked on a daily basis?

\_\_\_\_ YES  
 \_\_\_\_ NO  
 IV.B.10

13. Please list any students that you are aware of who may need support, or additional support, from special education or related services. This information will be given to the school for follow-up.

School

Student Name

Grade


14. What concerns do you have about your school's special education program?


**OPTIONAL:** If you would like to discuss a concern about the special education program, please call 602-542-4013 and ask to speak to the special education monitor working with this school/district.